

Department of Public Health and
Human Services (DPHHS)

Health Insurance Portability and Accountability Act ("HIPAA") Privacy Policy

John Chappuis, Deputy Director

Date: November 19, 2002

Revised Date:

Policy Title:	HIPAA Administrative Requirements		
Policy Number:	007	Version:	1.0
Approved By:			
Date Approved:			

Purpose:

This policy addresses the Administrative Requirements for DPHHS to comply with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

Policy:

General – DPHHS must fulfill the Administrative Requirements necessary to comply with HIPAA. Such requirements will entail policy, documentation or personnel responsibilities.

DPHHS will designate a Privacy Officer who is responsible for the development and implementation of the DPHHS HIPAA compliance program.

DPHHS will designate a contact person or office that is responsible for receiving complaints and providing further information about compliance actions.

DPHHS must have in place the necessary physical, administrative and technical safeguards to protect the privacy of Protected Health Information ("PHI").

DPHHS will provide training to employees who deal with PHI, commensurate with their level of security pertaining to the information they must access to accomplish their work. Such training will take place annually and must be documented.

DPHHS will mitigate, to the extent possible, any harmful effect that is known to be related to the use and disclosure of PHI that violate DPHHS policies and procedures.

No intimidating, threatening or retaliatory action will be taken against any patient who files a complaint or participates in any action established under HIPAA.

DPHHS cannot require patients to waive their privacy rights, defined under HIPAA, as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

DPHHS will change policies, procedures and notifications whenever there are changes in the HIPAA regulation, State law, or other federal regulations. Written notification of such changes will be given to all patients, providers, and personnel.

DPHHS will impose appropriate sanctions on employees who fail to comply with the privacy policies of DPHHS and the mandate of the HIPAA standards. Such sanctions will include disciplinary action up to and including termination for serious infractions. (See personnel policies on disciplinary action.)

Administrative and technical safeguards will be imposed when employees leave positions in DPHHS. Such safeguards will include:

Retrieval of keys or security access cards or badges; and
Discontinuation of computer access codes and passwords.
Procedure:

Montana Chemical Dependency Center will follow the steps outlined in this State of Montana Policy.

DPHHS will designate a privacy official who is responsible for the development and implementation of DPHHS HIPAA compliance program.

DPHHS will designate a contact person or office that is responsible for receiving complaints and providing further information about compliance actions

DPHHS must have in place the necessary physical, administrative, and technical safeguards to protect the privacy of PHI.

DPHHS will provide training to employees who deal with PHI, commensurate with the level of information they must access to accomplish their work. Such training will take place annually and be documented.

DPHHS will mitigate, to the extent possible, any harmful effect that is known to be related to uses and disclosures of PHI which violate DPHHS policies and procedures

No intimidating, threatening, or retaliatory action will be taken against any patient who files a complaint or participates in any action established under HIPAA

DPHHS cannot require patients to waive their privacy rights, defined under HIPAA, as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

DPHHS will change policies, procedures and notifications whenever there are changes in the HIPAA regulation, State law, or other federal regulations. Such changes will be conveyed to the patients, providers, and personnel with written notification. DPHHS will impose appropriate sanctions on employees who fail to comply with the privacy policies of DPHHS and the mandate of the HIPAA standards. Such sanctions will include disciplinary action up to and including termination for serious infractions. (See personnel policies on disciplinary action)

Administrative and technical safeguards will be imposed when employees leave positions in DPHHS. Such safeguards will include:

Retrieval of keys or security access cards or badges
Discontinuation of computer access codes and passwords

Procedure added 2/20/2003 MKH